

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*11/789052*

FILING DATE

*313106*

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
1		/		
2		/		
3		/		
4		/		
5		/		
6		/		
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48				
49				
50				
TOTAL IND.		4		
TOTAL DEP.	34			
TOTAL CLAIMS	38			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								